

Tribal Health Programs Provider Orientation

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1. Introduction

The Department of Veteran Affairs (VA) is working with tribal governments by partnering with Tribal Health Programs (THP) to provide reimbursements to THPs for direct care services provided to eligible Veterans. The VA will enter into sharing agreements with THPs to increase health care options for Veterans and enhance resource-sharing between the VA and THPs.

On August 24, 2012, the Under Secretary for Health in the Department of Veterans Affairs (VA), Dr. Petzel, signed and distributed a letter to all Tribal Leaders outlining the sharing agreement reimbursements with THPs process. The letter and its enclosures can be found on the Office of Tribal Government Relations (OTGR) website <http://www.va.gov/TRIBALGOVERNMENT/index.asp>.

The enclosures to the letter include program highlights, frequently asked questions, and claims processing site readiness criteria. OTGR also offered an official training module provided by the office of Personal Management called, Working Effectively with Tribal Governments.

This guide focuses on the THP Provider with instructions on how to complete the sharing agreement process and seek reimbursement from the VA.

1.1. Eligibility and Enrollment

The sharing agreements authorize direct care for eligible Veterans. “Eligible Veteran” means a Veteran who is enrolled in VA’s system of patient enrollment in accordance with 38 U.S.C. § 1705 and 38 C.F.R. 17.36 or is otherwise eligible for hospital care and medical services under 38 U.S.C. § 1705(c) (2) and 38 C.F.R. 17.37(a)-(c) notwithstanding the Veteran’s failure to enroll in VA’s system of patient enrollment.

Enrollment in the VA health care system, Veterans Health Administration (VHA), provides Veterans with the assurance that comprehensive health care services will be available when and where they are needed. Except as otherwise provided in 38 CFR § 17.37, treatment of Veterans under this agreement will be limited to those Veterans who are formally enrolled in the VA healthcare system, as set forth in 38 CFR § 17.36. Claims for treatment of those Veterans not enrolled will not be considered for payment under the provisions of this agreement. (38 CFR § 17.36).

There are four ways a Veteran may enroll with the VA:

- Online <https://www.1010ez.med.va.gov/>
- By phone 1-877-222-VETS (8387)
- By mail (preferred facility)
- Face-to-Face (preferred facility)

Note: A copy of the Veteran’s DD-214 is required to complete the enrollment process.

The THP will need to ensure the Veteran is enrolled before providing care and seeking reimbursement from the VA. The phone number provided above should be used to check eligibility. Your local VAMC may also help verify eligibility.

1.2. Direct Care Services

VA will reimburse only for Direct Care Services provided by THPs, to include home-based and community-based services provided in the Medical Benefits package available to Veterans under 38 CFR § 17.38. VA will not reimburse for any services that are excluded from the Medical Benefits package or for which the eligible AI/AN Veteran does not meet qualifying criteria. VA will reimburse for the above-mentioned health care services effective the date the agreement is signed. VA will cover reimbursement for direct health care services. These include:

- Direct Health Care services provided to Veterans by the THP, and
- AI/AN Veterans who are eligible for both THP and VA Medical Benefits package, and
- Enrolled Veterans as required by VA

The VA Medical Benefits Package Preventive Care Services include:

- Periodic medical exams;
- Health education, including nutrition education;
- Maintenance of drug-use profiles, drug monitoring, and drug use education;
- Mental health and substance abuse preventive services;
- Immunization against infectious disease;
- Prevention of musculoskeletal deformity or other gradually-developing disabilities of a metabolic or degenerative nature;
- Genetic counseling concerning inheritance of genetically-determined disease;
- Routine vision testing and eye-care services; and
- Periodic re-examination of members of high-risk groups for selected diseases and for functional decline of sensory organs, and the services to treat these diseases and functional declines.

The VA Medical Benefits Package Long-Term Care services include:

- Geriatric Evaluations
- Adult Day Health Care
- Respite Care
- Home Health Care
- Hospice/Palliative Care
- Nursing Home Care (limited benefits)
- Veterans 70% or greater SC have mandatory access

The VA Medical Benefits Package Limited Benefits for the following:

- Ambulance Service
- Eyeglasses and hearing Aids
- Non-VA Care
- Prosthetics, Durable Medical Equipment and Rehabilitative Devices
- Dental Care
- Certain Counseling Services

1.3. Quality of Care

VA will work cooperatively with the THP to ensure access to quality care for Veterans. VA and THP will develop a process to share patient records consistent with relevant privacy laws and will continue activities to share data electronically.

In order to receive reimbursement under agreements with VA, THPs will meet requirements for Centers for Medicare and Medicaid (CMS) certification/conditions of participation and/or accreditation through The Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC). The THP will be asked to provide the certification or accreditation prior to signing the Sharing Agreement.

The following defines the requirements for quality:

- **Information Exchange.** VA and THP shall develop a process to share patient records consistent with relevant privacy laws and will continue activities to share data electronically.
- **Collaboration.** VA and THP shall promote quality health care services through collaboration activities to review, measure and report on quality of care delivered.
- **Certification and Accreditation.** In order to receive reimbursement, each facility of the THP must meet (CMS) certification and CMS conditions of participation, or must have accreditation through the Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC). THP shall submit certification and accreditation information to VA upon written request within 15 business days.
- **Medical Quality Assurance Activities.** At least annually, VA and THP agree to use existing medical quality assurance activities, as required under accreditation or certification standards or maintained for reporting. THP agrees to share information with VA regarding its medical quality assurance activities, which shall include periodic review of care utilization (health system level trends) and care delivery consistent with current standards of care and evidence-based practices.

1.4. Pharmacy Services

Under agreements with VA, THP will receive reimbursement for up to a 30-day supply of outpatient medications provided directly to eligible AI/AN Veterans for outpatient emergency prescriptions or other outpatient prescriptions. Medications required by eligible AI/AN Veterans beyond an initial 30-day supply can be referred to VA's Consolidated Mail Outpatient Pharmacy (CMOP) for routine, long-term outpatient medication and must be on the formulary list used by VA. The formulary list can be found here: <http://vaww.national.cmop.va.gov/PBM/default.aspx>

A THP that cannot electronically submit prescriptions to CMOP may submit directly to their local VAMC via fax, mail, or in person. Points of contact and phone numbers will be established upon signing of the Sharing Agreement.

1.5. Copayment

Pursuant to 25 U.S.C. 1645(c), VA copayments do not apply to direct care services delivered by THP to eligible Veterans for which VA reimburses under an agreement with the THP.

1.6. Third Party Billing

Pursuant to 25 U.S.C. 1645(c), THP will bill all third party payers, as permissible by law prior to billing VA for direct care services under these agreements so that VA is responsible only for the balance remaining after other third party reimbursements.

When a third party payer's insurance payment is made on a claim, then an Explanation of Benefits (EOB) must be sent with claim. Balance remaining is VA responsibility when the remaining balance on the claim does not exceed VA allowable amount.

1.7. Claims Processing and Clearing Houses

VA accepts and encourages electronic health care claims that satisfy criteria established in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The standard transactions that are included within HIPAA regulations consist of standard electronic formats for enrollment, eligibility, payment and remittance advice, claims, health plan premium payments, health claim status, referral certification and authorization. VA uses VistA, the Veterans Health Information Systems & Technology Architecture, for VA claims processing and automated data processing. The system includes extensive clinical and administrative capabilities, within all Medical Centers, clinics and nursing homes. VistA is the program and IT infrastructure that delivers the necessary care information to Austin Information Technology Center (AITC) so that it can be processed and paid by Treasury.

VA contracts with Emdeon to provide clearing house services for electronic health care claims. To register or submit an EDI claim to your local VA health care facility, please call 1-800-845-6592 or visit: <http://www.emdeon.com/payerlists/>

While registering you will need the VA Fee Program payer IDs which include:

- 12115 for submission of medical claims
- 12116 for submission of dental claims
- 00231 for submission of any inquiry transaction

If a site is not connected to a clearing house or is using a non-Emdeon clearing house, one of two steps may apply:

- Establish a connection with Emdeon following the directions on the following website: <http://www.emdeon.com> or calling (800) 845-6592.
- Connect the existing clearing house to Emdeon. It is important to note that the unique identifiers must be preserved throughout all stages of connection (per the site readiness checklist). The site's clearing house will need to ensure the pass through of the unique identifiers for proper processing.

1.8. VA Claim Denial

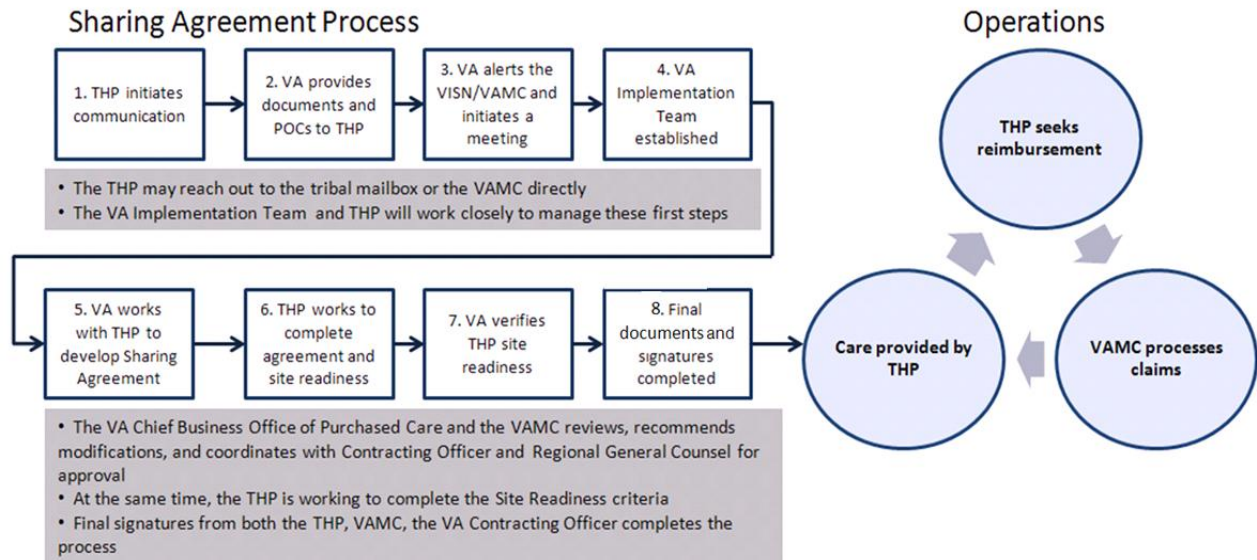
As mentioned in Section 2.2, limited benefits (to include dental) apply to some Direct Care Services. With that in mind, VA will only deny a claim or a portion of the claim for services provided by THP under the following conditions:

- The Veteran is not an eligible Veteran as defined in the agreement; or
- Care provided is not a direct care service; or
- Care provided is not otherwise reimbursable under the terms of this agreement; or
- Claim was not submitted as required in this agreement; or
- The information needed to adjudicate the claim, consistent with the information contained on the electronic billing forms, is not provided.

If VA denies reimbursement for a claim, VA shall notify THP of the denial in writing together with a statement of the reason for the denial.

2. VA and THP Sharing Agreement Process

Local sharing agreements (template in Appendix A), will serve as the governing documents for the Tribal Health Programs. The flowchart below outlines the major actions required to develop, implement and sustain THP agreements.



Step-by-Step Process

1. The THP initiates the program request with the CBO (by emailing Tribal.agreements@va.gov) or with their local VAMC.
2. The Chief Business Office (CBO) of Purchased Care provides the Provider Orientation and agreement template, site readiness checklist, and other relevant documents to integrate the THP into the reimbursement program.
3. CBO Purchased Care alerts the relevant VISN/VAMC and initiates a meeting.
4. The VA establishes an Implementation Team to include the CBO Purchased Care Office, VISN and VAMC representatives, VA Contracting Officer, and General Counsel.
5. The VA Implementation Team works with THP to develop Sharing Agreement.
6. THP works to complete agreement and meet site readiness criteria.
7. VA will verify THP readiness.
8. VA will route the final documents and coordinate the signatures required for approval.

3. THP Provider Site Readiness

The THP must meet claims processing and site readiness criteria to be determined ready for implementation. The VA and THP must have an approved Sharing Agreement and Site Readiness evaluation complete prior to the THP seeking reimbursement for claims. The VA will work with THP to ensure these criteria are met prior to the Sharing Agreement being approved. The VA will also work with THP to consider exceptions to the below criteria.

The following is a set of criteria for each THP site to complete prior to receiving final approval of the Sharing Agreement and prior to seeking reimbursement for claims:

1. **Received Enrollment Training.** Must have the capability to verify eligibility of the American Indian / Alaska Native (AI/AN) Veteran(s) with the VA HEC or local VAMC.
2. **Provided Certification/ Accreditation.** Must meet requirements for the Centers for Medicare and Medicaid (CMS) certification (Conditions of Participation/Conditions of Coverage) and/or accreditation through The Joint Commission (TJC) or the Accreditation Association for Ambulatory Health Care (AAAHC), and provide certification to VA.
3. **Volume Estimate.** Must provide an estimate of number of enrolled AI/AN Veterans with an estimate of projected use to VA. This information will be used to help VA estimate annual use and will not affect the terms of the Sharing Agreement.
4. **Vendorized in VISTA.** Must provide data necessary to be a vendor in the claims processing system, Veterans Health Information Systems and Technology Architecture (Vista), to VA.
5. **Unique Provider Information.** Must provide the THP Provider Tax ID Numbers or Provider ID Numbers to VA.
6. **Provider Covered and Non-Covered Services.** Must provide a list of covered and non-covered services for the facilities covered in the Sharing Agreement. This information will be used to help VA understand the types of care and services provided to AI/AN Veterans and will not affect the terms of the Sharing Agreement.
7. **EDI Capable & Emdeon Connection.** Must have Electronic Data Interchange (EDI) with Emdeon established and use a unique identifier on the claim for accurate routing and reimbursement. Must have capability to include an Explanation of Benefits (EOB) with all claims, indicating VA is responsible only for the balance remaining after other third party reimbursements.
8. **Unique Claim Fields.** Must use unique identifiers on the claim for accurate routing and reimbursement with VA.
 - a. Must include the VHA Facility Station number on the claim to identify the VHA Facility with which the agreement was established. The location of the field to insert the facility station number is Field 63 on the CMS 1450 (UB 04), Treatment Authorization Codes and Field 23 on the CMS 1500 (HCFA) Prior Authorization Number
 - b. Must send a value of "THP" in the SBR03 data element. This will enable routines to identify with a flag the claim in FPPS as 'Y' for the THP.

Appendix A: VA and THP Sharing Agreement Draft Template

Draft Sharing Agreement

between

Department of Veterans Affairs

(Name) VA Healthcare System

and

(Name) Tribal Health Program

for

Direct Care Services

1. PURPOSE

This Sharing Agreement (Agreement) between the Department of Veterans Affairs (VA) and Tribal Health Program (THP) establishes the terms and conditions for the provision and reimbursement of direct care services performed by THP and reimbursed by VA for Eligible Veterans who are American Indian/Alaska Native (AI/AN).

2. AUTHORITIES

38 U.S.C. § 8153; 25 U.S.C. § 1645(c)

3. PARTIES

3.1. Department of Veterans Affairs, *NAME* VA Healthcare System, *FILL IN ADDRESS*

3.2. Tribal Health Program, *FILL IN ADDRESS*. (*Include List of Specific Facilities, if applicable*)

4. DEFINITIONS

4.1. "Eligible American Indian/Alaska Native (AI/AN) Veteran" The term means an AI/AN Veteran who is (1) eligible for services from IHS in accordance with 42 C.F.R. Part 136 and (2) is enrolled in VA's system of patient enrollment in accordance with 38 U.S.C. § 1705 and 38 C.F.R. 17.36 or is eligible for hospital care and medical services under 38 U.S.C. § 1705(c)(2) and 38 C.F.R. 17.37(a)-(c) notwithstanding the AI/AN Veteran's failure to enroll in VA's system of patient enrollment.

4.2. "Claim" means a written demand or assertion by one of the parties seeking, as legal right, the payment of money, adjustment or interpretation of sharing agreement terms, or other relief, arising or relating to this Agreement.

4.3. "Days" in this Agreement refers to calendar days unless otherwise specified herein.

4.4. "Direct Care Services" means any eligible service that is provided directly by THP at the THP facility (ies) stated herein. "Direct care services" does not include care or service provided by THP through a contract established by THP (contract care) for a care or service provided outside the THP facility(ies).

- 4.5. “Eligible Service” means any health care service that is reimbursable under Paragraph 6.1.
- 4.6. “Eligible Veteran” means a Veteran who is enrolled in VA’s system of patient enrollment in accordance with 38 U.S.C. § 1705 and 38 C.F.R. 17.36 or is otherwise eligible for hospital care and medical services under 38 U.S.C. § 1705(c)(2) and 38 C.F.R. 17.37(a)-(c) notwithstanding the Veteran’s failure to enroll in VA’s system of patient enrollment.
- 4.7. “Tribal Health Program” has the meaning given that term in 25 U.S.C. § 1603(25).

5. ENROLLMENT FOR ELIGIBILITY

5.1. VA is responsible for determining whether an individual qualifies to be enrolled in its patient health care system or otherwise meets the definition of an Eligible Veteran for purposes of this Agreement.

5.2 THP may assist a Veteran in submitting an application for enrollment. If a Veteran who is eligible for services under 38 U.S.C. § 1705(c)(2) does not choose to enroll in VA’s system of patient enrollment, THP may submit identifying information to *FILL IN* so that VA may determine whether the Veteran meets the definition of an Eligible Veteran in accordance with this Agreement despite the Veteran’s failure to enroll.

6. ELIGIBILITY AND REIMBURSEMENT

6.1 Reimbursable Services. VA shall reimburse THP only for direct care services provided in the VA Medical Benefits Package available in accordance with 38 C.F.R. § 17.38 or otherwise available under statute or regulation to Eligible Veterans from VA. VA shall not reimburse for any direct care services that are excluded from the Medical Benefits Package or for which the AI/AN Eligible Veteran does not meet qualifying criteria (e.g., the requirement that the AI/AN Eligible Veteran needs the care as determined in accordance with 38 C.F.R. 17.38(b)).

6.1.1 Preauthorization. Preauthorization by VA is not required for AI/AN Eligible Veterans receiving direct care services from THP.

6.1.2 Determination of Eligible Services. THP may seek information from VA before delivering any direct care service as to whether the AI/AN Eligible Veteran is eligible for the specific services proposed to be provided by submitting a request for verification for eligibility. THP may verify eligibility (and any special conditions that may apply) by contacting VA Health and Eligibility (*fill in necessary contact information*). In particular, VA recommends that THP verify eligibility of an otherwise AI/AN Eligible Veteran for the following services, which have restricted eligibility requirements: dental, prosthetics (including hearing aids and eyeglasses), long-term care (including nursing home care), and transplant services.

6.2 Applicability of Agreement. This Agreement governs payment for only those direct care services, including applicable pharmaceuticals, provided to an AI/AN Eligible Veteran after the effective date of this Agreement.

6.3 Reimbursement Rates.

6.3.1 Generally. Except as otherwise provided herein, VA shall reimburse at rates based on Medicare payment methodologies for Eligible Services, including home and community based services, to AI/AN Eligible Veterans.

6.3.2 Inpatient Hospital Services. The payment methodology for inpatient hospital services applies to all inpatient direct care services furnished by a THP hospital, whether provided by part of a department, subunit, distinct part, or other component of a hospital (including health care services furnished directly by the hospital or under arrangements with contract providers who provide direct care services onsite in a THP hospital).

6.3.2.1. Payment for inpatient hospital services that the Medicare program would pay under a prospective payment system (PPS) will be based on the applicable PPS. For example, payment for inpatient hospital services shall be made per discharge based on the applicable PPS used by the Medicare program to pay for similar inpatient hospital services under 42 C.F.R. Part 412.

6.3.2.2. For hospitals that furnish inpatient services but are exempt from PPS and receive reimbursement based on reasonable costs (for example, critical access hospitals (CAHs)), including provider subunits exempt from PPS, payment shall be made per discharge based on the reasonable cost methods established under 42 C.F.R. Part 413, except that the interim payment rate under 42 C.F.R. Part 413, subpart E shall constitute payment in full.

6.3.2.3. The inpatient rates set forth above do not include inpatient physician services and practitioner services. The inpatient physician and other practitioner services shall be billed based on the Medicare fee schedule.

6.3.3 Outpatient Hospital Services and Freestanding Clinic Services. VA shall pay for outpatient and free standing clinics services to Eligible AI/AN Veterans using Medicare methodologies and Medicare rates for outpatient services and professional fees.

6.3.4 Pharmacy Services. To the extent pharmaceuticals are reimbursable under this Agreement, VA shall reimburse THP at *(an agreed upon rate – include agreed-upon rate in agreement)*.

6.3.4.1 Formulary. VA shall reimburse THP only for pharmaceutical drugs on the formulary used by VA. Requests for reimbursement of pharmaceutical drugs not on the VA formulary will be submitted for approval in advance of the request for reimbursement to VA Pharmacy.

6.3.4.2 Outpatient Pharmacy Services. VA shall reimburse actual cost of the drugs for outpatient emergent need prescriptions or other outpatient prescriptions to AI/AN Eligible Veterans to initialize or continue therapy before VA Consolidated Mail Outpatient Pharmacy (CMOP) can provide. VA reimbursement shall be limited to not more than a 30-day supply.

6.3.4.3 Referral to Consolidated Mail Outpatient Pharmacy (CMOP). VA will provide THP with information about how to make referrals to VA CMOP for AI/AN Eligible Veterans so they may obtain their prescriptions through the VA CMOP.

6.4 Co-Payments.

6.4.1 Pursuant to 25 U.S.C. § 1645(c), VA copayments do not apply to direct care services provided by THP to AI/AN Eligible Veterans.

6.4.2 Copayments for medication provided from the VA CMOP for the treatment of a non-service-connected condition will be billed to the AI/AN Eligible Veterans who are required pursuant to regulation to make co-payments for medication.

6.5 Invoice Submission and Processing.

6.5.1 Basic Requirements. Invoices for reimbursement shall be submitted to VA electronically to the maximum extent practicable. Invoices submitted electronically shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards for electronic transactions. Invoices submitted in paper form shall comply with the format required for the submission of claims under title XVIII of the Social Security Act.

6.5.2 Timely Filing. Invoices for direct care services provided after the effective date of this Agreement, not submitted to VA within 12 months from the date of service, shall not be reimbursed by VA.

6.6 Other Reimbursement. Pursuant to section 405(c) of IHCA (25 U.S.C. 1645(c)), the THP will seek payment from all other liable payers, as permissible by law for the THP, before seeking reimbursement from VA for direct care services provided to an AI/AN Eligible Veteran under this agreement so that VA is responsible for only the balance remaining after other third party reimbursements.

6.7 Information Sharing.

6.7.1 VA retains the right to bill an AI/AN Eligible Veteran's third party insurer to the extent permitted by 38 U.S.C. § 1729. When an AI/AN Eligible Veteran is treated by THP under this Agreement, THP shall, consistent with applicable privacy laws, provide VA with any applicable information regarding the AI/AN Eligible Veterans' private insurance, Workers' Compensation coverage, Medicare Supplemental Insurance information, and information with respect to third-party cases arising under the Federal Medical Care Recovery Act ("FMCRA"), 42 U.S.C. § 2651.

6.7.2 If THP seeks reimbursement under the terms of this Agreement for direct care services provided to AI/AN Eligible Veterans with third party insurance who are being treated for HIV, sickle cell anemia, drug or alcohol abuse, THP shall seek to obtain from the AI/AN Eligible Veteran, and provide to VA, a fully executed VA Form 10-5345, "Request For and Authorization To Release Medical Records or Health Information" so that VA may pursue reimbursement for medical care for any claims arising under 38 U.S.C. § 1729.

6.7.3 If THP seeks reimbursement under the terms of this Agreement for direct care services provided to an AI/AN Eligible Veteran who THP has determined to have been injured due to the negligence of a third party, THP shall seek to obtain from the AI/AN Eligible Veteran and provide to VA a fully executed VA Form 4763, Power of Attorney and Assignment, and VA Form 10-5345, “Request For and Authorization To Release Medical Records or Health Information” so that VA may pursue reimbursement under the Federal Medical Care Recovery Act (FMCRA), 42 U.S.C. 2651.

6.8 Denied Invoices. Nothing in this Agreement prohibits THP from seeking reimbursement from any other payer, including the Veteran (if consistent with THP’s policies) for direct care services provided to a Veteran for which VA is not responsible due to the patient not being an Eligible Veteran or the services not being Eligible Services or for which VA denies payment for any other reason.

6.9 Denial, Reconsideration and Appeal

6.9.1 Denial. VA may deny an invoice or a portion of an invoice for direct care services provided by THP under the following conditions:

6.9.1.1 The Veteran is not an Eligible Veteran as defined in the Agreement;

6.9.1.2 the care or services provided are not direct care services;

6.9.1.3 the care or services provided are not otherwise reimbursable under the terms of this Agreement;

6.9.1.4 the invoice was not submitted as required under Section 6.5 of this Agreement;

6.9.1.5 the information needed to adjudicate the invoice, consistent with the information contained on the electronic Health Care Financing Administration (HCFA) and Universal Billing (UB) forms (or other applicable form), is not provided.

6.9.2 Notice and Request for Reconsideration. If VA denies reimbursement for an invoice, VA shall notify THP of the denial in writing together with a statement of the reason for the denial. The notice shall advise that THP may obtain a reconsideration of the denial by submitting a request for reconsideration or appeal in writing, within 90-days of the notice, setting forth the grounds supporting the request or appeal, including any documentation requested by VA for reconsideration. VA shall issue a decision on the request for reconsideration in writing within 30 days. In the event that THP disputes VA’s request for reconsideration decision, THP may avail itself of the Disputes process in Paragraph 9.

7. QUALITY OF CARE

7.1 Applicable Standards.

7.1.1 Information Exchange. VA and THP shall develop a process to share patient records consistent with relevant privacy laws and will continue activities to share data electronically.

7.1.2 Collaboration. VA and THP shall promote quality health care services through collaboration activities to review, measure and report on quality of care delivered.

7.1.3 Certification and Accreditation. In order to receive reimbursement, each facility of the THP must meet Centers for Medicare and Medicaid (CMS) certification and CMS conditions of

participation, or must have accreditation through the Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC). THP shall submit certification and accreditation information to VA upon written request within 15 business days.

7.1.4 Medical Quality Assurance Activities. At least annually, VA and THP agree to use existing medical quality assurance activities, as required under accreditation or certification standards or maintained for reporting to IHS. THP agrees to share information with VA regarding its medical quality assurance activities, which shall include periodic review of care utilization (health system level trends) and care delivery consistent with current standards of care and evidence-based practices.

8. GENERAL PROVISIONS

8.1 Veteran's Choice of Provider. Nothing in this Agreement affects the right of AI/AN Eligible Veterans to choose whether they receive health care services in VA or THP facilities.

8.2 Privacy Standards.

8.2.1 Generally. VA and THP will comply with all applicable Federal laws and regulations regarding the confidentiality of health information.

8.2.2 THP Records. Medical, health and billing records of THP patients are subject to some or all of the following laws: the Privacy Act, 5 U.S.C. § 552a; the Freedom of Information Act, 5 U.S.C. § 552; the Drug Abuse Prevention, Treatment, and Rehabilitation Act, 21 U.S.C. § 1101, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act, 42 U.S.C. § 4541, the Administrative Simplification requirements of HIPAA, 45 C.F.R. Parts 160 and 164; Confidentiality of Medical Quality Assurance Records, 25 U.S.C. § 1675, the Patient Safety and Quality Improvement Act of 2005, and Federal regulations promulgated to implement those acts. Pursuant to the Indian Self-Determination and Education Assistance Act, as amended, THP's patient records may not be considered Federal records for the purposes of chapter 5 of title 5 of the United States Code (including the Privacy Act and the Freedom of Information Act) or may be considered Federal records for only limited purposes under those provisions.

8.2.3 VA Records. Records of VA payment for direct care services are subject to some or all of the following laws: the Privacy Act, 5 U.S.C. § 552a; the Freedom of Information Act, 5 U.S.C. § 552; Confidentiality of Certain Medical Records, 38 U.S.C. § 7332; Confidential Nature of Claims, 38 U.S.C. § 5701; the Administrative Simplification requirements of HIPAA, 45 C.F.R. Parts 160 and 164; Medical Quality Assurance Records Confidentiality, 38 U.S.C. § 5705; the Patient Safety and Quality Improvement Act of 2005, and Federal regulations promulgated to implement those acts. All requirements of HIPAA will be met before there is any sharing of identifiable patient information.

8.2.4 Exchange of Medical Records. Copies of medical records exchanged under the Agreement shall belong to the recipient agency, which will bear responsibility for information security and breach response with regard to those records.

8.3 Medical Malpractice. THP has medical malpractice insurance under the Federal Tort Claims Act ("FTCA") and, possibly other professional liability coverage that covers direct care services provided under this Agreement. VA will bear no responsibility for claims arising from health care

provided to a Veteran under this Agreement. If VA receives a medical malpractice claim directly from a Veteran that primarily involves medical care rendered by THP, VA will promptly notify *THP FILL IN*. Where VA is identified as an involved party in a claim submitted to HHS, IHS or THP, THP will provide a copy of the claim and documents effecting resolution or disposition of the claim to the VA Office of the General Counsel (021B), 810 Vermont Avenue, NW, Washington DC 20420.

8.4 Rights of Veterans. Nothing in this Agreement restricts the right(s) of a Veteran to challenge or dispute, pursuant to Federal law or regulation, an eligibility determination made by VA.

9. DISPUTES.

The Parties shall utilize all reasonable efforts to resolve any dispute at the lowest administrative level possible. In the event that either Party determines that further efforts are not conducive to resolving a dispute, the dispute shall be presented to the VA Contracting Officer for consideration; the VA Contracting Officer shall furnish a written reply on the dispute or claim to the THP within 90 days. The THP shall comply with any decision of the VA Contracting Officer pending final resolution of the matter.

9.1 In the event the Parties cannot amicably resolve the matter upon the decision of the VA Contracting Officer, a dispute or claim arising out of or relating to this Agreement, or breach thereof, shall be settled by mediation. The neutral mediator shall be assigned from the Administrative Judges of the U.S. Civilian Board of Contract Appeals, with each Party bearing an equal share of any cost. The U.S. Civilian Board of Contract Appeals may furnish a neutral at no cost.

9.2 Any claim by the either Party against the other must be presented no later than 1 year after the effective date of cancellation or final expiration of this Agreement otherwise the party forfeits its right(s) to relief.

- 10. SURVIVAL OF TERMS.** The rights and obligations of the parties under Paragraphs 6 (eligibility and reimbursement), 8.2 (privacy standards), 8.3 (medical malpractice), and 9 (disputes) shall survive expiration or cancellation of this Agreement. All other rights and obligations arising solely from this Agreement shall cease upon expiration or cancellation of the Agreement, provided expiration or cancellation of the Agreement shall have no effect on statutory rights or responsibilities of the parties.

11. EFFECTIVE DATE, TERM, TERMINATION, AND AMENDMENT.

11.1Effective Date. This Agreement shall become effective upon the date when signed by all parties. The only official authorized to legally bind VA is the VA Contracting Officer. *THP FILL IN EQUIVALENT INFORMATION*.

11.2Term. This Agreement shall remain in effect for a term of *[NOT TO EXCEED FIVE]* years from the effective date.

11.3Amendment. Except for Cancellation, this Agreement may be revised or amended only by mutual written agreement signed by the signatories (or their authorized representatives) to this Agreement.

11.4Cancellation. Either party may cancel this Agreement at any time by providing a 60 day written notice of the intent to cancel the Agreement to the signatories (or their authorized

representatives). Cancellation shall take effect at the end of the 60 day period established by the written notice.

12. SIGNATURE BLOCKS.

(Must include Tribal Health Program Director or Representative, VA Contracting Officer, and local VAMC Director.)